

## Foster Family Home - Corrective Action Report

Provider ID: 1-190065

Home Name: Mildred D. Ganotisi, CNA

Review ID: 1-190065-1

94-1108 Hilihua Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 8/13/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 8/13/19. Corrective Action Report issued during home inspection with all items due to CTA by 9/13/19.

6.(d)(1) - see applicable sections of the review

### Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN and fingerprints for HHM #3 and HHM #4.

### Foster Family Home Personnel and Staffing [11-800-41]

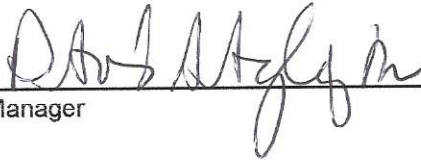
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

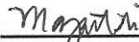
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) - No current First Aid for CG #2.

41.(f)(1) - No current TB clearance for HHM #3 and HHM #4.

  
Compliance Manager

  
Primary Care Giver

8/13/19  
Date

8/13/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: MILDRED GANOTISI

CCFFH Address: 94-1108 HILIHUA PLACE WAIKAITU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2)	I received current APS/CAN and fingerprints from HHM #3 and #4. I placed them in my CCFFH binder.	8/16/19	I placed all the items with expiration dates (TB clearance, APS/CAN, first Aid) for all CG's and HHM's on my iPhone calendar. I set the reminder for 3 weeks prior to expiration.
41.(b)(8)	I received a current first aid certificate from CG #2 and placed in my CCFFH binder.	8/16/19	
41.(f)(1)	I received current TB clearance from HHM #3 and #4 and placed in my CCFFH binder.	8/16/19	

Primary Caregiver's Signature: Margaret

Print Name: MILDRED GANOTISI

Date of Signature: 8/16/19